

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Atlantic Middle School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>86 Hollis Ave</u>	Time in:	Time out:
Telephone: <u>1-800-984-8721</u> Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>4</u>	
Owner:	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Diane Peterson</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction				X		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	X					
16	Food-contact surfaces; cleaned & sanitized	X					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	X					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	X					
19	Proper reheating procedures for hot holding	X					
20	Proper cooling time and temperature	X					
21	Proper hot holding temperature	X					
22	Proper cold holding temperature	X					
23	Proper date marking and disposition	X					
24	Time as a Public Health Control	X					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	X					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	X					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	X					
28	Toxic substances properly identified, stored & used	X					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: as needed Discussion with Person-in-Charge: 5-CP-18

5-CP-18

Signature of Person-in-Charge: Diane Peterson
Signature of Inspector: Paul Anderson

Date: 9/4/19
Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Atlantic Middle School</u>	Date: <u>9/4/19</u>	Page 2 of <u>3</u>
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS		
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display		X				
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean		X				
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean		X				
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>Ret. Licensing</u>	Other Information:
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Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>9/4/19</u>
Signature of Inspector: <u>[Signature]</u>	Date: <u>9/4/19</u>

Food Establishment Inspection Report – City/Town of Waynes

Establishment: Atlantic Middle School

Date: 9/4/19

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Temperature Observations				
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location
walk in	not working			
reach in	39°			
reach in freezer	12°			
hot holding	135°			

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-In-Charge:

Date: 9/4/19

Signature of Inspector _____

Date: 9/4/9

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Atherton House School</u>	Date: <u>9/6/19</u>	Page 1 of <u>3</u>
Address: <u>1084 Sen St</u>	Time in:	Time out:
Telephone: <u>984-8797</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>3</u>
Owner: <u>Q.P.S</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Liz King</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			/			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

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Date of Reinspection: Discussion with Person-in-Charge:

6 mos

Signature of Person-in-Charge: <u>Elizabeth B. Barty</u>	Date: <u>9/6/19</u>
Signature of Inspector: <u>Bill DeCarli</u>	Date: <u>9/8/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Atherton House School

Date: 9/6/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		✓				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		✓				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			✓			
M4	Mobile Food Operation			✓			
M5	Temporary Food Establishment			✓			
M6	Public Market; Farmers Market			✓			
M7	Residential Kitchen; Bed-and-Breakfast Operation			✓			
M8	Residential Kitchen: Cottage Food Operation			✓			
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen			✓			
M11	Innovative Operation			✓			
Local Requirements							
L1	Local law or regulation	✓					
L2	Other	✓					

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other Re-licensure

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/6/19

Signature of Inspector: [Signature]

Date: 9/6/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Atherton House School</u>	Date: <u>9/6/19</u>	Page <u>3</u> of <u>3</u>
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk	38				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date: 5/6/19

Signature of Inspector:

Date: 5/6/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: <u>Beechwood Knoll</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>225 Kenno St</u>	Time in:	Time out:
Telephone: <u>1-617-984-2634</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Deborah Donelin</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

As agreed

EVERY 6 months PA

Signature of Person-in-Charge: Deborah Donelin

Date: 9/5/19

Signature of Inspector: Paul Anderson

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Beechwood Knoll

Date: 9/5/19

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GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source	/					
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>Relicensing</u>	Other Information:
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Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Breckwood (Kno.)

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk Chest	36.0				
Refr. In	35.1				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

7 D. D. O'Brien

Date: 9/5/19

Signature of Inspector:

Dr. V. Ch

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Bernazzani</u>	Date: <u>9/15/19</u>	Page 1 of 3
Address: <u>701 Kansas Brook Pkwy</u>	Time in:	Time out:
Telephone: <u>1-617-984-8351</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>JoAnne McNulty</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	X					
2	Certified Food Protection Manager	X					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	X					
4	Proper use of restriction and exclusion	X					
5	Procedures for responding to vomiting and diarrheal events	X					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	X					
7	No discharge from eyes, nose, and mouth	X					
Preventing Contamination by Hands							
8	Hands clean & properly washed	X					
9	No bare hand contact with ready-to-eat food	X					
10	Adequate handwashing sinks properly supplied and accessible	X					
Approved Source							
11	Food obtained from approved source	X					
12	Food received at proper temperature	X					
13	Food received in good condition, safe, & unadulterated	X					
14	Required records available: shellstock tags, parasite destruction			X			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	X					
16	Food-contact surfaces; cleaned & sanitized	X					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	X					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	X					
19	Proper reheating procedures for hot holding	X					
20	Proper cooling time and temperature	X					
21	Proper hot holding temperature	X					
22	Proper cold holding temperature	X					
23	Proper date marking and disposition	X					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	X					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	X					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	X					
28	Toxic substances properly identified, stored & used	X					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

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Date of Reinspection: 6 mcs 1st Discussion with Person-in-Charge:

AS needed

Signature of Person-in-Charge: [Signature]
 Signature of Inspector: [Signature]

Date: 9/15/19
 Date: 9/15/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: BORGZANI

Date: 9/5/19

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	/					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):
☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:
☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other re-licensing

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Quincy

Date:	9	5	19
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Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk Cart	35.0				
Reef in	28.0				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

in-Charge: *[Signature]* *McKinn*
 or: *[Signature]*
 version

Date: 9/5/19

or: 

Date: 9/5/29

FOOD ESTABLISHMENT INSPECTION REPORT

Name <i>Broadmeadows</i>	Date <i>12/3/18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input checked="" type="checkbox"/> Milk <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Tobacco	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>50 Calvin Rd</i>	Risk Level		
Telephone <i>1-617-984-8778</i>			
Owner	HACCP Y/N		
Person in Charge (PIC) <i>Judith McNaught</i>	Time In: Out:		
Inspector <i>PAUL Anderson</i>		Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provisions violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking
590.009 (E) ☐

Tobacco

590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation Segregation/ Protection

☒ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	(FC-2)(590.003)
		24. Food and Food Protection	(FC-3)(590.004)
		25. Equipment and Utensils	(FC-4)(590.005)
		26. Water, Plumbing and Waste	(FC-5)(590.006)
		27. Physical Facility	(FC-6)(590.007)
		28. Poisonous or Toxic Materials	(FC-7)(590.008)
		29. Special Requirements	(590.009)
		30. Other	

S: 590InspectForm6-14.doc

Number of Violated Provisions Related
To Foodborne Illnesses Interventions
and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>PAUL Anderson</i>	Print: <i>PAUL Anderson</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Judith McNaught</i>	Print: <i>Judith McNaught</i>	

1

1

S:590N Narrative6-2.doc

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Broadmeadows</u>	Date: <u>9/5/19</u>	Page 1 of 3
Address: <u>50 Calvin Road</u>	Time in:	Time out:
Telephone: <u>6217-884-8778</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>48</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Andrea Valente</u>		
Inspector: <u>Paul Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 9/9/19 Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Andrea Valente</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>Paul Anderson</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Broadmeadows

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display		X				
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean		X				
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>relicensing</u>	Other Information:
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Signature of Person-in-Charge: <u>Andie Valente</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>Paul V. Clark</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Broadmeadows

Date: 09/05/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Walk in	39°				
Reach in	39°				
Hot holding	139°				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Charge: Andrew A. Valente

Date: 9/5/19

Signature of Inspector:

Sent ✓ Check

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Central Middle School</u>	Date: <u>9/5/19</u>	Page 1 of <u> </u>
Address: <u>875 Hancock St</u>	Time in: <u> </u>	Time out: <u> </u>
Telephone: <u>376-5211</u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>A.P.S.</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>
Person-in-charge: <u>Kathleen Pyer</u>		
Inspector: <u>B.J. DeCarly</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			/			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: [Signature] Date:

Signature of Inspector: [Signature] Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quiney

Establishment: Central Middle School Date: 9/5/19 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:

- ☐ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other School re-licensing

Other Information:

How + Annual system up to date

Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment:	Centru Middle School	Date:	9/5/19	Page ____ of ____
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
p22g	145	Frozen p22g	-9	milk	40
mayo	40	chuck	40	Fries	165

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge: _____

Signature of Inspector:

9/3/19

Date: 7/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Della Chiesa</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>100 Brooks Ave</u>	Time in:	Time out:
Telephone: <u>617-984-8777</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Lisa Rucker</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	X					
2	Certified Food Protection Manager	X					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	X					
4	Proper use of restriction and exclusion	X					
5	Procedures for responding to vomiting and diarrheal events	X					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	X					
7	No discharge from eyes, nose, and mouth	X					
Preventing Contamination by Hands							
8	Hands clean & properly washed	X					
9	No bare hand contact with ready-to-eat food	X					
10	Adequate handwashing sinks properly supplied and accessible	X					
Approved Source							
11	Food obtained from approved source	X					
12	Food received at proper temperature	X					
13	Food received in good condition, safe, & unadulterated	X					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	X					
16	Food-contact surfaces; cleaned & sanitized	X					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	X					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	X					
19	Proper reheating procedures for hot holding	X					
20	Proper cooling time and temperature	X					
21	Proper hot holding temperature	X					
22	Proper cold holding temperature	X					
23	Proper date marking and disposition	X					
24	Time as a Public Health Control	X					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	X					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	X					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	X					
28	Toxic substances properly identified, stored & used	X					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	X					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge: As Needed

AS Needed

Signature of Person-In-Charge: <u>Lisa Rucker</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>Paul Anderson</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Dumfries

Establishment: Della Chiesa

Date: 9/15/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	X					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	X					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	X					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation		X				
L2	Other		X				

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>Re-licensing</u>	Other Information:
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Signature of Person-in-Charge: Jana Rucan

Date: 9/15/19

Signature of Inspector: David Chen

Date: 9/15/19

Quinn

Della Chiesa

915/10

Page 2 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Beach in	36°				

Observations and/or Corrective Actions	
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Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Lisa Riche

Date: 9.15/19

Paul V. Allen

Date: 9/5/11

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Lincoln Hancock School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>300 Granite St</u>	Time in:	Time out:
Telephone: <u>984-8768</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q.P.S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Margaret Collins</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 months Discussion with Person-in-Charge:

Signature of Person-in-Charge: [Signature] Date: 9/9/19
 Signature of Inspector: [Signature] Date: 9/9/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Lincoln Hancock School

Date: 6/9/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			/			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			/			
M4	Mobile Food Operation			/			
M5	Temporary Food Establishment			/			
M6	Public Market; Farmers Market			/			
M7	Residential Kitchen; Bed-and-Breakfast Operation			/			
M8	Residential Kitchen: Cottage Food Operation			/			
M9	School Kitchen; USDA Nutrition Program			/			
M10	Leased Commercial Kitchen			/			
M11	Innovative Operation			/			
Local Requirements							
L1	Local law or regulation		/				
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other School re-inspection

Other Information:

Signature of Person-In-Charge: [Signature]

Signature of Inspector: [Signature]

Date: 6/9/19

Date: 6/9/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Lincoln Hancock School

Date: 6/9/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk chest	38	Juice	39	milk	38
Grilled cheese	165				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature of Inspector:

Date: 8/5/15

Date 8/2/15

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Marshall School</u>		Date: <u>9/8/19</u>	Page 1 of <u>2</u>
Address: <u>200 Moody St</u>		Time in: <u>9</u>	Time out:
Telephone: <u>984-8721</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Owner: <u>Q.P.S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Diane Boves-Deagle</u>			
Inspector: <u>Bill DeCarls</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Diane E. Boves Deagle</u>	Date: <u>9/8/19</u>
Signature of Inspector: <u>Bill DeCarls</u>	Date: <u>9/8/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Marshall School

Date: 9/9/15

Page 2 of 2

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			/			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	/					
M2	Food allergy awareness	/					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			/			
M4	Mobile Food Operation			/			
M5	Temporary Food Establishment			/			
M6	Public Market; Farmers Market			/			
M7	Residential Kitchen; Bed-and-Breakfast Operation			/			
M8	Residential Kitchen: Cottage Food Operation			/			
M9	School Kitchen; USDA Nutrition Program			/			
M10	Leased Commercial Kitchen			/			
M11	Innovative Operation			/			
Local Requirements							
L1	Local law or regulation	/					
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☐ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other School Relicensing

Other Information:

Signature of Person-in-Charge:

Deane E. P. DeS...

Date: 9/9/15

Signature of Inspector:

W. A. ...

Date: 9/9/15

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Marshall Schas

Date: 7/6/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
milk chest	38	milk	38		

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-In-Charge

Signature of Inspector:

Date: _____

Date:

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Merrymount School</u>	Date: <u>9/8/19</u>	Page 1 of <u>3</u>
Address: <u>4 Agam Rd</u>	Time in:	Time out:
Telephone: <u>984-8762</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q. P. S</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Deborah Powers</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction	/					

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Deborah Powers</u>	Date: <u>9/8/19</u>
Signature of Inspector: <u>Bill DeCarli</u>	Date: <u>9/8/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Merrymount School

Date: 9/6/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		✓				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		✓				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	✓					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>Re License</u>	Other Information:
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Signature of Person-in-Charge: [Signature] Date: 9/6/19

Signature of Inspector: [Signature] Date: 9/6/19

Food Establishment Inspection Report – City/Town of Winey

Establishment: Merrymount School

Date: 9/6/15

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk	40	Apple	38	Chickens	170

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge: _____

Date: 5/6/17

Signature of inspector:

Date: 9/6/15

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: <u>Montclair</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>8 Belmont Street</u>	Time in:	Time out:
Telephone: <u>617-984-8708</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Thuy</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: AS REQUIRED Discussion with Person-in-Charge:

every 6 months PA

Signature of Person-in-Charge: David A. Wiles

Date: 9/5/19

Signature of Inspector: Paul V. Anderson

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Montclair

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required				✓		
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods				✓		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding				✓		
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			✓			
M4	Mobile Food Operation			✓			
M5	Temporary Food Establishment			✓			
M6	Public Market; Farmers Market			✓			
M7	Residential Kitchen; Bed-and-Breakfast Operation			✓			
M8	Residential Kitchen: Cottage Food Operation			✓			
M9	School Kitchen; USDA Nutrition Program	✓					
M10	Leased Commercial Kitchen			✓			
M11	Innovative Operation			✓			
Local Requirements							
L1	Local law or regulation	✓					
L2	Other	✓					

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other re-licensing

Other Information:

Signature of Person-in-Charge: T. David & Wilson

Date: 9/5/19

Signature of Inspector: Paul V. Clark

Date: 9/5/19

Quincy

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Philly chest	35°				
reach in	34°				

Observations and/or Corrective Actions	
Violations cited in this report must be corrected within the time frames stated below in Section 2.125.14, 14.1, 14.2, 14.3, 14.4, 14.5, 14.6, 14.7, 14.8, 14.9, 14.10, 14.11, 14.12, 14.13, 14.14, 14.15, 14.16, 14.17, 14.18, 14.19, 14.20, 14.21, 14.22, 14.23, 14.24, 14.25, 14.26, 14.27, 14.28, 14.29, 14.30, 14.31, 14.32, 14.33, 14.34, 14.35, 14.36, 14.37, 14.38, 14.39, 14.40, 14.41, 14.42, 14.43, 14.44, 14.45, 14.46, 14.47, 14.48, 14.49, 14.50, 14.51, 14.52, 14.53, 14.54, 14.55, 14.56, 14.57, 14.58, 14.59, 14.60, 14.61, 14.62, 14.63, 14.64, 14.65, 14.66, 14.67, 14.68, 14.69, 14.70, 14.71, 14.72, 14.73, 14.74, 14.75, 14.76, 14.77, 14.78, 14.79, 14.80, 14.81, 14.82, 14.83, 14.84, 14.85, 14.86, 14.87, 14.88, 14.89, 14.90, 14.91, 14.92, 14.93, 14.94, 14.95, 14.96, 14.97, 14.98, 14.99, 15.00, 15.01, 15.02, 15.03, 15.04, 15.05, 15.06, 15.07, 15.08, 15.09, 15.10, 15.11, 15.12, 15.13, 15.14, 15.15, 15.16, 15.17, 15.18, 15.19, 15.20, 15.21, 15.22, 15.23, 15.24, 15.25, 15.26, 15.27, 15.28, 15.29, 15.30, 15.31, 15.32, 15.33, 15.34, 15.35, 15.36, 15.37, 15.38, 15.39, 15.40, 15.41, 15.42, 15.43, 15.44, 15.45, 15.46, 15.47, 15.48, 15.49, 15.50, 15.51, 15.52, 15.53, 15.54, 15.55, 15.56, 15.57, 15.58, 15.59, 15.60, 15.61, 15.62, 15.63, 15.64, 15.65, 15.66, 15.67, 15.68, 15.69, 15.70, 15.71, 15.72, 15.73, 15.74, 15.75, 15.76, 15.77, 15.78, 15.79, 15.80, 15.81, 15.82, 15.83, 15.84, 15.85, 15.86, 15.87, 15.88, 15.89, 15.90, 15.91, 15.92, 15.93, 15.94, 15.95, 15.96, 15.97, 15.98, 15.99, 16.00, 16.01, 16.02, 16.03, 16.04, 16.05, 16.06, 16.07, 16.08, 16.09, 16.10, 16.11, 16.12, 16.13, 16.14, 16.15, 16.16, 16.17, 16.18, 16.19, 16.20, 16.21, 16.22, 16.23, 16.24, 16.25, 16.26, 16.27, 16.28, 16.29, 16.30, 16.31, 16.32, 16.33, 16.34, 16.35, 16.36, 16.37, 16.38, 16.39, 16.40, 16.41, 16.42, 16.43, 16.44, 16.45, 16.46, 16.47, 16.48, 16.49, 16.50, 16.51, 16.52, 16.53, 16.54, 16.55, 16.56, 16.57, 16.58, 16.59, 16.60, 16.61, 16.62, 16.63, 16.64, 16.65, 16.66, 16.67, 16.68, 16.69, 16.70, 16.71, 16.72, 16.73, 16.74, 16.75, 16.76, 16.77, 16.78, 16.79, 16.80, 16.81, 16.82, 16.83, 16.84, 16.85, 16.86, 16.87, 16.88, 16.89, 16.90, 16.91, 16.92, 16.93, 16.94, 16.95, 16.96, 16.97, 16.98, 16.99, 17.00, 17.01, 17.02, 17.03, 17.04, 17.05, 17.06, 17.07, 17.08, 17.09, 17.10, 17.11, 17.12, 17.13, 17.14, 17.15, 17.16, 17.17, 17.18, 17.19, 17.20, 17.21, 17.22, 17.23, 17.24, 17.25, 17.26, 17.27, 17.28, 17.29, 17.30, 17.31, 17.32, 17.33, 17.34, 17.35, 17.36, 17.37, 17.38, 17.39, 17.40, 17.41, 17.42, 17.43, 17.44, 17.45, 17.46, 17.47, 17.48, 17.49, 17.50, 17.51, 17.52, 17.53, 17.54, 17.55, 17.56, 17.57, 17.58, 17.59, 17.60, 17.61, 17.62, 17.63, 17.64, 17.65, 17.66, 17.67, 17.68, 17.69, 17.70, 17.71, 17.72, 17.73, 17.74, 17.75, 17.76, 17.77, 17.78, 17.79, 17.80, 17.81, 17.82, 17.83, 17.84, 17.85, 17.86, 17.87, 17.88, 17.89, 17.90, 17.91, 17.92, 17.93, 17.94, 17.95, 17.96, 17.97, 17.98, 17.99, 18.00, 18.01, 18.02, 18.03, 18.04, 18.05, 18.06, 18.07, 18.08, 18.09, 18.10, 18.11, 18.12, 18.13, 18.14, 18.15, 18.16, 18.17, 18.18, 18.19, 18.20, 18.21, 18.22, 18.23, 18.24, 18.25, 18.26, 18.27, 18.28, 18.29, 18.30, 18.31, 18.32, 18.33, 18.34, 18.35, 18.36, 18.37, 18.38, 18.39, 18.40, 18.41, 18.42, 18.43, 18.44, 18.45, 18.46, 18.47, 18.48, 18.49, 18.50, 18.51, 18.52, 18.53, 18.54, 18.55, 18.56, 18.57, 18.58, 18.59, 18.60, 18.61, 18.62, 18.63, 18.64, 18.65, 18.66, 18.67, 18.68, 18.69, 18.70, 18.71, 18.72, 18.73, 18.74, 18.75, 18.76, 18.77, 18.78, 18.79, 18.80, 18.81, 18.82, 18.83, 18.84, 18.85, 18.86, 18.87, 18.88, 18.89, 18.90, 18.91, 18.92, 18.93, 18.94, 18.95, 18.96, 18.97, 18.98, 18.99, 19.00, 19.01, 19.02, 19.03, 19.04, 19.05, 19.06, 19.07, 19.08, 19.09, 19.10, 19.11, 19.12, 19.13, 19.14, 19.15, 19.16, 19.17, 19.18, 19.19, 19.20, 19.21, 19.22, 19.23, 19.24, 19.25, 19.26, 19.27, 19.28, 19.29, 19.30, 19.31, 19.32, 19.33, 19.34, 19.35, 19.36, 19.37, 19.38, 19.39, 19.40, 19.41, 19.42, 19.43, 19.44, 19.45, 19.46, 19.47, 19.48, 19.49, 19.50, 19.51, 19.52, 19.53, 19.54, 19.55, 19.56, 19.57, 19.58, 19.59, 19.60, 19.61, 19.62, 19.63, 19.64, 19.65, 19.66, 19.67, 19.68, 19.69, 19.70, 19.71, 19.72, 19.73, 19.74, 19.75, 19.76, 1	

[illegible]

A David & Wills

Date: 9/5/19

Paul V. Paul

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>North Quincy High School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>316 Hancock St</u>	Time in:	Time out:
Telephone: <u>1-617-984-8870</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Christine Pudder</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties		X				
2	Certified Food Protection Manager		X				
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting		X				
4	Proper use of restriction and exclusion		X				
5	Procedures for responding to vomiting and diarrheal events		X				
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use		X				
7	No discharge from eyes, nose, and mouth		X				
Preventing Contamination by Hands							
8	Hands clean & properly washed		X				
9	No bare hand contact with ready-to-eat food		X				
10	Adequate handwashing sinks properly supplied and accessible		X				
Approved Source							
11	Food obtained from approved source		X				
12	Food received at proper temperature		X				
13	Food received in good condition, safe, & unadulterated		X				
14	Required records available: shellstock tags, parasite destruction				X		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected		X				
16	Food-contact surfaces; cleaned & sanitized		X				
17	Proper disposition of returned, previously served, reconditioned & unsafe food		X				
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures		X				
19	Proper reheating procedures for hot holding		X				
20	Proper cooling time and temperature		X				
21	Proper hot holding temperature		X				
22	Proper cold holding temperature		X				
23	Proper date marking and disposition		X				
24	Time as a Public Health Control		X				
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food		X				
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered		X				
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used		X				
28	Toxic substances properly identified, stored & used		X				
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge: Ass. Needed

Signature of Person-in-Charge: Christine Pudder Date: 9/4/19

Signature of Inspector: Paul Anderson Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: North Quincy High School

Date: 9/4/13

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	X					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	X					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	X					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>re-inspecting</u>	Other Information:
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Signature of Person-in-Charge:

Christine Pedder

Date: 9/4/13

Signature of Inspector:

Paul V. Carr

Date: 9/4/13

Quince

North Quincy High School

9/4/18

3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
walk in	26.0				
reach ins	39.0				
box holding	141.0				
walk in freezer	7.0				
2nd walk in freezer	3.0				

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Charge: Christine Padden

9/4/19

Paul V. Cook

9/4/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: North Quincy H.S. Parking Room	Date: 9/4/19	Page 1 of 3
Address: 316 Hancock St	Time in:	Time out:
Telephone: 1-617-984-8870	Permit No.: 9	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 2
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: Bill Spellissy		
Inspector: Paul Anderson		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			X			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			X			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

As Accepted 6/1/19 AA

Signature of Person-in-Charge: [Signature]	Date: 9/4/19
Signature of Inspector: [Signature]	Date: 9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: MQHS Packing Room

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>re-licensing</u>	Other Information:
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Signature of Person-in-Charge: Michelle Doherty

Date: 9/4/19

Signature of Inspector: Paul V. Clark

Date: 9/4/19

Q u t n c u

Date: 9/4/09

Page 2 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Freezer	8°				
Refrigerator	34°				
Walk-in	32°				
Walk-in Freezer	20				

Observations and/or Corrective Actions	
Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code	

[illegible]

Will: 3/10/20

Date: 9/4/19

Pat V. Chan

Date: 9/14/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Parker School</u>		Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>148 Billings Rd</u>		Time in:	Time out:
Telephone: <u>(603) 921-8626</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>	
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>FRANCES Malcoms</u>			
Inspector: <u>PAUL Anderson</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager	✓					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓					
4	Proper use of restriction and exclusion	✓					
5	Procedures for responding to vomiting and diarrheal events	✓					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	✓					
7	No discharge from eyes, nose, and mouth	✓					
Preventing Contamination by Hands							
8	Hands clean & properly washed	✓					
9	No bare hand contact with ready-to-eat food	✓					
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source	✓					
12	Food received at proper temperature	✓					
13	Food received in good condition, safe, & unadulterated	✓					
14	Required records available: shellstock tags, parasite destruction			X			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	✓					
16	Food-contact surfaces; cleaned & sanitized	✓					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	✓					
19	Proper reheating procedures for hot holding	✓					
20	Proper cooling time and temperature	✓					
21	Proper hot holding temperature	✓					
22	Proper cold holding temperature	✓					
23	Proper date marking and disposition	✓					
24	Time as a Public Health Control	✓					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	✓					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	✓					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	✓					
28	Toxic substances properly identified, stored & used	✓					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			X			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: _____ Discussion with Person-in-Charge: _____

AS Handed to me

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>9/4/19</u>
Signature of Inspector: <u>[Signature]</u>	Date: <u>9/4/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Parker School

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source	/					
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		X				
M2	Food allergy awareness		X				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program		X				
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
☒ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:

- ☒ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other no-licensing

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/4/19

Signature of Inspector: [Signature]

Date: 9/4/19

Quinn

Parker School

914 119

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Refrigerator	38°				
Milk Chest	36°				

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

James E. McBrat
Paul V. Clark

9/4/18

Paul V. Clark

9/4/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Point Webster</u>	Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>60 Lancaster St</u>	Time in:	Time out:
Telephone: <u>1-617-984-6607</u> Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>28/4</u>	
Owner:	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Debbie Russo</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: AS 6/10/20 Discussion with Person-in-Charge: PA

Signature of Person-in-Charge: Debbie Russo Date: 9/5/19
 Signature of Inspector: Paul Anderson Date: 9/5/19

Food Establishment Inspection Report – City/Town of

Quincy

Establishment: Point Webster

Date: 9/5/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>re-licensing</u>	Other Information:
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Signature of Person-in-Charge: X Deborah Russo

Date: 9/5/19

Signature of Inspector: Paul V. Chiu

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Point Webster

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
WALK in Forest	51				
Reach in	35.4				
Milk Case	42.0				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Date: 9/5/19

Signature of Inspector:

Date: 9/5/14

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>President's Cafe</u>	Date: <u>9/5/19</u>	Page 1 of <u> </u>
Address: <u>52 Coddington st</u>	Time in: <u> </u>	Time out: <u> </u>
Telephone: <u>376-3288</u>	Permit No.: <u> </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Owner: <u>A.P.S</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u> </u>	
Person-in-charge: <u>Mark Kelly</u>		
Inspector: <u>Bill DeCarli</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction	/					

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan	/					

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos

Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u> </u>	Date: <u> </u>
Signature of Inspector: <u> </u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: President's Cafe

Date: 9/5/19

Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	/					
M2	Food allergy awareness	/					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			X			
M4	Mobile Food Operation			X			
M5	Temporary Food Establishment			X			
M6	Public Market; Farmers Market			X			
M7	Residential Kitchen; Bed-and-Breakfast Operation			X			
M8	Residential Kitchen: Cottage Food Operation			X			
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen			X			
M11	Innovative Operation			X			
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input checked="" type="checkbox"/> Other <u>School Relicensing</u>	Other Information: <u>Hood + Ansel system up to date</u>
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Signature of Person-in-Charge: [Signature]

Date: 9/5/19

Signature of Inspector: [Signature]

Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Quincy High School</u>		Date: <u>9/5/19</u>	Page 1 of <u>3</u>
Address: <u>100 Coddington st</u>		Time in:	Time out:
Telephone: <u>376-3372</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>	
Owner: <u>Q. P. S.</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Christina Mendez</u>			
Inspector: <u>P. J. DeCarb</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction				/		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Christina Mendez</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>P. J. DeCarb</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Quincy High School</u>	Date: <u>9/5/19</u>	Page 2 of <u>2</u>
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS		
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		/				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods		/				
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		/				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			/			
M4	Mobile Food Operation			/			
M5	Temporary Food Establishment			/			
M6	Public Market; Farmers Market			/			
M7	Residential Kitchen; Bed-and-Breakfast Operation			/			
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program	/					
M10	Leased Commercial Kitchen			/			
M11	Innovative Operation			/			
Local Requirements							
L1	Local law or regulation	/					
L2	Other						

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential; Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information: <div style="font-size: large; font-family: cursive;">Hood + Ansel system up to date</div>
--	---	--

Signature of Person-In-Charge: <u>Chris Mendoza</u>	Date: <u>9/5/19</u>
Signature of Inspector: <u>Anthony White</u>	Date: <u>9/5/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Quincy High School

Date: 9/5/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Cold cut sub	36	Salad Dressing	36	Beef patties	3

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

sg: Chris Merydy

Date: 9/5/19

Date: 9/5/19

Signature of Inspector:

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>SNUG Harbor School</u>	Date: <u>9/6/19</u>	Page 1 of <u>3</u>
Address: <u>333 Palmer st</u>	Time in:	Time out:
Telephone: <u>984-8763</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>2</u>
Owner: <u>Q.P.S</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Catherine McGhan</u>		
Inspector: <u>Bill DeCarls</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			/			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: 6 mos Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Catherine McGhan</u>	Date: <u>9/6/19</u>
Signature of Inspector: <u>Bill DeCarls</u>	Date: <u>9/6/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Snug Harbor School

Date: 9/6/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☒ Other School

Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☒ Other Re-inspection

Other Information:

Signature of Person-in-Charge: Catherine J. Spierman

Signature of Inspector: [Signature]

Date: 9/6/19

Date: 9/6/19

Food Establishment Inspection Report – City/Town of Winey

Establishment: Snug Harbor Schoo

Date: 2/8/19

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Milk	38				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge: Catherine M. Sahar

Date: 2/8/15

Signature of Inspector: [Signature]
MDPH report form - 10/5/18 version

Date: 9/6/10

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Squantum School</u>		Date: <u>8/9/19</u>	Page 1 of <u>3</u>
Address: <u>50 Hickins Ave</u>		Time in:	Time out:
Telephone: <u>984-8768</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	
Owner: <u>Q. P. S</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <u>Susan Gillaspie</u>			
Inspector: <u>B71 DeGorb</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager						
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction			/			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:
6 month

Discussion with Person-in-Charge:

Signature of Person-in-Charge:	Date: <u>8/9/19</u>
Signature of Inspector:	Date: <u>8/9/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Squantum School

Date: 9/8/19

Page 2 of

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	✓					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			✓			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment	✓					
M2	Food allergy awareness	✓					
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			✓			
M4	Mobile Food Operation			✓			
M5	Temporary Food Establishment			✓			
M6	Public Market; Farmers Market			✓			
M7	Residential Kitchen; Bed-and-Breakfast Operation			✓			
M8	Residential Kitchen: Cottage Food Operation			✓			
M9	School Kitchen; USDA Nutrition Program			✓			
M10	Leased Commercial Kitchen			✓			
M11	Innovative Operation			✓			
Local Requirements							
L1	Local law or regulation	✓					
L2	Other	✓					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>School - re-inspection</u>	Other Information:
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Signature of Person-In-Charge: Superintendent Date: 9/9/19

Signature of Inspector: [Signature] Date: 9/9/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Squadra School

Date: 9/5/19

Page ____ of ____

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
milk	34	milk chest	34	Grilled Cheese	165

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge

Signature of Inspector:

Date: _____

Date: 01/01/2001

Food Establishment Inspection Report – City/Town of Quincy

Establishment: South West Middle School		Date: 9/5/19	Page 1 of ____
Address:		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	0
Owner: Q. P. S.			
Person-in-charge: Joan Petroni		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Inspector: Bill DeCarlo			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed	/					
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible	/					
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		/				

Compliance Status		IN	OUT	N/A	N/D	COS	P
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control						
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		/				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: **Discussion with Person-in-Charge:**

Signature of Person-in-Charge:	<i>Jean Petropoulos</i>	Date:	9/5/19
Signature of Inspector:	<i>Paul W. [unclear]</i>	Date:	9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: South West Middle School Date: _____ Page 2 of _____

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required		<input checked="" type="checkbox"/>				
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			<input checked="" type="checkbox"/>			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		<input checked="" type="checkbox"/>				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		<input checked="" type="checkbox"/>				
M2	Food allergy awareness		<input checked="" type="checkbox"/>				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer			<input checked="" type="checkbox"/>			
M4	Mobile Food Operation			<input checked="" type="checkbox"/>			
M5	Temporary Food Establishment			<input checked="" type="checkbox"/>			
M6	Public Market; Farmers Market			<input checked="" type="checkbox"/>			
M7	Residential Kitchen; Bed-and-Breakfast Operation			<input checked="" type="checkbox"/>			
M8	Residential Kitchen: Cottage Food Operation			<input checked="" type="checkbox"/>			
M9	School Kitchen; USDA Nutrition Program	<input checked="" type="checkbox"/>					
M10	Leased Commercial Kitchen			<input checked="" type="checkbox"/>			
M11	Innovative Operation			<input checked="" type="checkbox"/>			
Local Requirements							
L1	Local law or regulation	<input checked="" type="checkbox"/>					
L2	Other	<input checked="" type="checkbox"/>					

Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other <u>school / new opening</u>	Other Information: <u>Hood + Anvil sys up + 1 Date</u>
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Signature of Person-in-Charge: Jean Petricone Date: 9/5/19
 Signature of Inspector: Mark West Date: 9/5/19

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Sarth West Middle School</u>	Date: _____ Page ____ of ____
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Grape Juice	36	Garden School	36	Firest Fire	145
		School Dr. sun	38	Flu2en chicken	8

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge:

Signature of Inspector:

Date:

Date:

Food Establishment Inspection Report – City/Town of Quincy

Establishment: <u>Wollaston School</u>	Date: <u>9/4/19</u>	Page 1 of <u>3</u>
Address: <u>205 Beale St</u>	Time in:	Time out:
Telephone: <u>1-617-984-8791</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>4</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Cathy Barry</u>		
Inspector: <u>PAUL Anderson</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	/					
2	Certified Food Protection Manager	/					
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	/					
4	Proper use of restriction and exclusion	/					
5	Procedures for responding to vomiting and diarrheal events	/					
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use	/					
7	No discharge from eyes, nose, and mouth	/					
Preventing Contamination by Hands							
8	Hands clean & properly washed		X				
9	No bare hand contact with ready-to-eat food	/					
10	Adequate handwashing sinks properly supplied and accessible		X				
Approved Source							
11	Food obtained from approved source	/					
12	Food received at proper temperature	/					
13	Food received in good condition, safe, & unadulterated	/					
14	Required records available: shellstock tags, parasite destruction		X				

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected	/					
16	Food-contact surfaces; cleaned & sanitized	/					
17	Proper disposition of returned, previously served, reconditioned & unsafe food	/					
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures	/					
19	Proper reheating procedures for hot holding	/					
20	Proper cooling time and temperature	/					
21	Proper hot holding temperature	/					
22	Proper cold holding temperature	/					
23	Proper date marking and disposition	/					
24	Time as a Public Health Control	/					
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food	/					
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered	/					
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used	/					
28	Toxic substances properly identified, stored & used	/					
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan		X				

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: AS needed Discussion with Person-in-Charge: 6 mos PA

AS needed
6 mos PA

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>9/4/19</u>
Signature of Inspector: <u>[Signature]</u>	Date: <u>9/4/19</u>

Food Establishment Inspection Report – City/Town of Quincy

Establishment: Wollaston

Date: 9/4/19

Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required	/					
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods	/					
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control	/					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		/				
M2	Food allergy awareness		/				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer		/				
M4	Mobile Food Operation		/				
M5	Temporary Food Establishment		/				
M6	Public Market; Farmers Market		/				
M7	Residential Kitchen; Bed-and-Breakfast Operation		/				
M8	Residential Kitchen: Cottage Food Operation		/				
M9	School Kitchen; USDA Nutrition Program	X					
M10	Leased Commercial Kitchen		/				
M11	Innovative Operation		/				
Local Requirements							
L1	Local law or regulation	X					
L2	Other	X					

Type of Operation(s):

- ☒ Food Service Establishment
☐ Retail Food Store
☐ Residential: Cottage Foods
☐ Residential: Bed & Breakfast
☐ Mobile/Pushcart
☐ Temporary Food Estab.
☒ Other School

Type of Inspection:

- ☐ Routine
☐ Re-inspection
☐ Pre-operational
☐ Illness investigation
☐ General complaint
☐ HACCP
☒ Other licensing

Other Information:

Signature of Person-in-Charge: [Signature]

Date: 9/4/19

Signature of Inspector: [Signature]

Date: 9/4/19

Quinn

Date: 9/4/19


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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
Antik Chest	38.0				
Reach in	40.0				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature: 

Date: 9/4/19

Oct 19 1964

Date: 9/4/94